

Mississippi State Department of Health
STD/HIV Office
Prevention and Education Branch



2010 Course Application

Please Print

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Employment/Agency: _____

Position: _____

Work Phone: _____ Fax: _____ Home Phone: _____

Email address: _____

Please indicate course title, date and location.

Course	Date	Location

Duplicate as needed and complete a separate application for each course.

Please mail or fax this form to:

Mississippi State Department of Health
STD/HIV Office
Prevention and Education Branch
P.O. Box 1700
Jackson, MS 39215-1700
(601) 576-7723 – Phone (601) 576-7909 – Fax

Please note the following:

- 1. Participants will receive registration confirmation two weeks prior to the training.*
- 2. Participants are required to notify the STD/HIV Office, Prevention and Education Branch at least 5 working days prior to the training, if they can not attend. Failure to do so may weaken our efforts to prevent the transmission of STDs/HIV in Mississippi.*

Thanks for your participation!